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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/292,132
		Filing Date	April 14, 1999
		First Named Inventor	Salman Akram
		Group Art Unit	2812
		Examiner Name	S. Mulpuri
Total Number of Pages in This Submission		Attorney Docket Number	
		MI22-1171	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached (check for \$36.00)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response to 11/09/99 Office	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final Action	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard Receipt
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	James D. Shaurette, Reg. #39,833 Wells, St. John, Roberts, Gregory & Matkin P.S.
Signature	
Date	2/9/00

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: Feb. 9, 2000

Typed or printed name	Patricia L. Palmer
Signature	
Date	2/9/00

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 36.00)

Complete if Known

Application Number	09/292,132
Filing Date	April 14, 1999
First Named Inventor	Salman Akram
Examiner Name	S. Mulpuri
Group / Art Unit	2812
Attorney Docket No.	MI22-1171

O P E J 0 6 7
FEB 14 2000
PATENT & TRADEMARK OFFICE

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **23-0925**
Deposit Account Name **Wells, St. John, Roberts**

Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17 Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	790	201	395 Utility filing fee
106	330	206	165 Design filing fee
107	540	207	270 Plant filing fee
108	790	208	395 Reissue filing fee
114	150	214	75 Provisional filing fee
SUBTOTAL (1)			(\$ 0.00)

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	27	-20** = 2 X 18	= 36.00
Independent Claims	4	- 3** = 1 X 78	=
Multiple Dependent			= 0

** or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	22	203 11 Claims in excess of 20
102	82	202 41 Independent claims in excess of 3
104	270	204 135 Multiple dependent claim, if not paid
109	82	209 41 ** Reissue independent claims over original patent
110	22	210 11 ** Reissue claims in excess of 20 and over original patent

25 claims
paid for **SUBTOTAL (2) (\$ 36.00)**
previously

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	0.00
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	0.00
139	130	139 130 Non-English specification	0.00
147	2,520	147 2,520 For filing a request for reexamination	0.00
112	920*	112 920* Requesting publication of SIR prior to Examiner action	0.00
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	0.00
115	110	215 55 Extension for reply within first month	0.00
116	400	216 200 Extension for reply within second month	0.00
117	950	217 475 Extension for reply within third month	0.00
118	1,510	218 755 Extension for reply within fourth month	0.00
128	2,060	228 1,030 Extension for reply within fifth month	0.00
119	310	219 155 Notice of Appeal	0.00
120	310	220 155 Filing a brief in support of an appeal	0.00
121	270	221 135 Request for oral hearing	0.00
138	1,510	138 1,510 Petition to institute a public use proceeding	0.00
140	110	240 55 Petition to revive - unavoidable	0.00
141	1,320	241 660 Petition to revive - unintentional	0.00
142	1,320	242 660 Utility issue fee (or reissue)	0.00
143	450	243 225 Design issue fee	0.00
144	670	244 335 Plant issue fee	0.00
122	130	122 130 Petitions to the Commissioner	0.00
123	50	123 50 Petitions related to provisional applications	0.00
126	240	126 240 Submission of Information Disclosure Stmt	0.00
581	40	581 40 Recording each patent assignment per property (times number of properties)	0.00
146	790	246 395 Filing a submission after final rejection (37 CFR 1.129(a))	0.00
149	790	249 395 For each additional invention to be examined (37 CFR 1.129(b))	0.00
Other fee (specify) _____			0.00
Other fee (specify) _____			0.00

* Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$ 0.00)****SUBMITTED BY**

Typed or Printed Name	James D. Shaurette Wells, St. John, Roberts, Gregory & Matkin, P.S.	Reg. Number	39,833
Signature		Date	2/9/00
Deposit Account User ID			

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